



04-04-03

EXPRESS MAIL NO. EV207711252US
PTO/SB/21 (08-00)

AF/1053

Approved for use through 10/31/2002. OMB 0651-0031

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Application Number	09/393,441
Filing Date	September 8, 1999
First Named Inventor	Christen M. Anderson
Group Art Unit	1653
Examiner Name	Sheridan Snedden
Attorney Docket No.	660088.420C1

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ENCLOSURES (check all that apply)

APR 07 2003

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <u>Miroux et al. (1996 J. Mol. Biol. 260:289)</u>
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Remarks

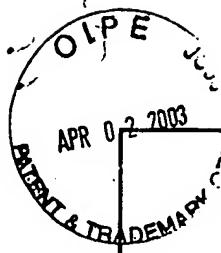
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Jeffrey C. Pepe, Ph.D. Reg. No. 46,985	 00500 <small>PATENT TRADEMARK OFFICE</small>
Signature		
Date	April 2, 2003	

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Signature		Date:



EXPRESS MAIL NO. EV207711252US

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

Fee Transmittal for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **430.00**

Complete if Known

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to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375			Utility filing fee	
1002	330	2002	165			Design filing fee	
1003	520	2003	260			Plant filing fee	
1004	750	2004	375			Reissue filing fee	
1005	160	2005	80			Provisional filing fee	
						SUBTOTAL (1)	(\$)

2. EXTRA CLAIM FEES

Total Claims	6	-112**	=	0	*		=	Fee Paid
Independent Claims	3	-3**	=	0	*		=	
Multiple Dependent			*				=	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9			Claims in excess of 20	
1201	84	2201	42			Independent claims in excess of 3	
1203	280	2203	140			Multiple dependent claim, if not paid	
1204	84	2204	42			** Reissue independent claims over original patent	
1205	18	2205	9			** Reissue claims in excess of 20 and over original patent	
						SUBTOTAL (2)	(\$) 0

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Jeffrey C. Pepe, Ph.D.	Registration No. Attorney/Agent)	46,985
Firm Name/Address			
Signature			Date
			02-Apr-2003



00500

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